

LICENSE APPLICATION
DEPARTMENT OF HUMAN SERVICES
OFFICE OF LICENSING
 120 North 200 West, Suite 303
 Salt Lake City, Utah 84115-0500
 801-538-4242
 Fax – 801-538-4553
 Web Site: www.hslic.state.ut.us

USE A SEPARATE APPLICATION FOR EACH LICENSE REQUESTED

ORGANIZATIONAL INFORMATION**LICENSED PROGRAM INFORMATION**
(if different from parent organization)

Name of Organization, or Parent Company

Site Name – Name to Appear on License

Street Address

Site Location Street Address

City, State, Zip

City, Zip

Administrator

Telephone Number

Local Contact

Telephone Number

Fax Number

E-mail address

Fax Number

E-mail address

TOTAL LICENSED CAPACITY _____

CURRENT NUMBER ENROLLED _____

Is the program under contract with the Department? [] Yes [] No

If Yes, which Division(s) _____

TYPE OF PROGRAM AND FEES (Make check payable to *Department of Human Services, Office of Licensing*)

These fees are effective July 1, 2003. (* - per licensed capacity)

☐ New Program \$300☐ Renewal☐ Adult Day Care (50 or fewer) \$100 + \$3.00 plc *☐ Adult Day Care (51 or more) \$200 + \$3.00 plc *☐ Adult Foster Care No Fee☐ Child Placing \$250☐ Day Treatment \$150☐ Life Safety Pre-inspection \$200☐ Outdoor Youth \$300 + \$5.00 plc *☐ Outpatient Treatment \$100☐ Social Detoxification \$200☐ Residential Support \$100☐ Residential Treatment \$200 + \$3.00 plc *☐ Intermediate Secure Care \$250 + \$3.00 plc *

Basic Fee: _____

Capacity: _____ x fee _____ = _____

TOTAL: _____ Fee Enclosed? [] Yes [] No

Applicant Signature _____

Date _____

Office of Licensing Approval:

Date Fee Received _____

Fee Amount _____

Check Number _____